

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		2				
3						
4		2				
5		2				
6		2				
7		2				
8		2				
9	1					
10		1				
11	1					
12	1					
13		1				
14		1				
15		2				
16		2				
17		2				
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	22					
TOTAL CLAIMS	26	1	1	1	1	1

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						